

Attorney Docket No. 63049.000088 Attorney Customer No. 27682

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Ap	plication of:)	
Ronald D. BLUM et al.) Group Art Unit: 2873	
Applicat	tion Number: 10/644,112) Examiner: J. M. Schwart	tz
Filed:	August 20, 2003)	
For	METHOD OF MANUFACTI	(RING AN FLECTRO-ACTIVE LI	ens

CERTIFICATE OF MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence is being deposited with the United States

Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

on: September 8, 2005
Date

Caril TV O'Daine

Typed or Printed Name of Person Signing Certificate

Documents being submitted with this Certification of Mailing under 1.8 are:

- Transmittal Letter for Response to Office Action dated June 17, 2005
- Response to Office Action dated June 17, 2005
- Self-Addressed Stamped Return Postcard

Hunton & Williams LLP

Riverfront Plaza, East Tower 951 East Byrd Street Richmond, VA 23219-4074 (804) 788-8200 (Telephone) (804) 788-8218 (Facsimile)

Attorney Docket No. 63049.000088 Attorney Customer No. 27682



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Applicat	ion of:)					
Ronald D. BL	UM et al) Group Art U	Jnit: 2873				
Application N	lumber:	10/644,112) Examiner:	J. M. Schwartz				
Filed: Aug	gust 20, 20	003))					
For: ME	METHOD OF MANUFACTURING AN ELECTRO-ACTIVE LENS							
MAIL STOP A Commissione PO Box 1450 Alexandria, V	r for Pate	-1450						
		RESPONSE TRAN	NSMITTAL LET	<u>l'TER</u>				
Sir:		·						
				tion dated June 17, 2005 and e-identified patent application.				
[]	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) is also enclosed.							
[X]	No addi	tional claim fee is requir	red.					
[]	Suppler	nental Information Discl	osure Statement	and PTO/SB/08A Form				
[]	An addi	tional claim fee is requir	ed, and is calcula	ated as shown below:				

		CLAI	MS		
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	26	Minus 34=		x \$50.00 =	\$0
Independent Claims	3	Minus 4 =		x \$200.00 =	0
If Amendment a	n/a				
Total Amendme	\$0				
If small entity st	n/a				
TOTAL ADDI	TIONAL FEE I	OUE FOR THIS A	MENDMENT		\$0

- [] Charge \$____ to Deposit Account No. 08-3436 for the fee due.
- [] Check No. _____ in the amount of \$.00 is enclosed for the fee due.
- [X] A Certificate of Mailing Under 37 C.F.R. §1.8.
- [X] Self-addressed stamped postcard.
- [X] The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. §1.16, 1.17 and 1.21 that may be required by this paper to Deposit Account No. 08-3436.

Date: September 8, 2005 Respectfully submitted,

David E. Baker

Attorney for Applicants Registration No. 42,285 Telephone: (804) 788-8762 Facsimile: (804) 343-4598

Please Direct all Correspondence to: J. Michael Martinez de Andino, Esq. HUNTON & WILLIAMS, LLP Riverfront Plaza, East Tower 951 East Byrd Street Richmond, Virginia 23219-4074